



UST Compliance Inspection Notice of Violation Underground Storage Tank Program

_____ Date
_____ Owner _____ Operator
_____ Address _____ Address

RE: NOTICE OF VIOLATION

_____ Facility name, Permit ID#
_____ Address

Dear _____ :

On _____ a compliance inspection of the underground storage tank (UST) system(s) was performed at this facility.
(Date)

PART ONE: Items identified in this part require immediate attention.

Section 280

- ___ .10(e) Introduction of petroleum or petroleum products into an UST for which the owner does not hold a currently valid registration.
- ___ .20/.21 Failure to equip a permitted or upgraded site with spill, overfill, and corrosion protection.
- ___ .41 Failure to equip pressurized line with an automatic line leak detector.
- ___ .61 Failure to report a release.
- ___ .62 Failure to abate a confirmed release.

Because the violations indicated in this section could prevent access to the SUPERB account, please correct them immediately. This situation is being referred to the Enforcement Section for further action.

PART TWO: Further violations noted by the inspector were:

Section 280.

- | | |
|-----------------------|--|
| _____ . 34(a) | Failure to provide records to the Department upon request. |
| _____ . 41(b)(i)(ii) | Failure to conduct an annual line tightness test on pressurized line or have monthly monitoring. |
| _____ . 41(b)(i)(iii) | Failure to conduct a line tightness test every 3 years on "American" suction piping. |
| _____ . 50 | Failure to report a suspected release. |
| _____ . 111 | Failure to maintain Certificate of Financial Responsibility on site. |
| _____ . 40(a) | Failure to provide an adequate release detection method. |
| _____ . 31(b1) | Failure to conduct 3-year cathodic protection system test. |
| _____ . 31(c) | Failure to conduct 60-day inspection of impressed current system. |
| _____ . 44(a) | Failure to conduct annual test of automatic line leak detectors. |

Section 280

_____ . _____

_____ . _____

_____ . _____

Part Three: Comments:

The attached list identifies the actions needed to bring the facility into compliance. By _____ send proof of the corrective actions you have taken to: _____
Date

Compliance Section, UST Program
2600 Bull Street
Columbia, South Carolina, 29201.

Please use the Permit ID number on correspondence. If you have questions, call the UST Compliance Section, at (803) 896-6240 or at 1-800-826-5435 (in SC), Fax (803) 896-6245.

Sincerely,

Receipt
acknowledged.

UST Program

Owner/Operator Representative

Permit ID # _____

Print Name

Date

How To Get In Compliance

FACILITY: _____ PERMIT ID#: _____ DATE: _____

Mail requested information to: Compliance Section, UST Program, 2600 Bull Street, Columbia, SC, 29201.

Send the following:

- ☐ Completed and signed notification form
- ☐ Completed and signed Application for Permit to Install
- ☐ Completed and signed Application for Permit to Operate
- ☐ Completed and signed Release Report
- ☐ Repair and testing records for _____
- ☐ Results of:
 - ☐ Tank tightness test
 - ☐ Piping tightness test
 - ☐ Corrosion protection system test
 - ☐ Line leak detector function check
 - ☐ Annual function check for _____
- ☐ Monthly inventory control logs for _____
- ☐ SIR records for _____
- ☐ Third party certification for _____
- ☐ Proof of suction system check valve location
- ☐ Monthly tank and/or line monitoring logs (monitoring wells, ATGs, electronic leak detectors, etc.)
- ☐ Rectifier log for _____
- ☐ Financial responsibility information

Run the following tests and send a copy of the results:

- ☐ Line leak detector function check
- ☐ Piping tightness test
- ☐ Tank tightness test
- ☐ Corrosion protection system test
- ☐ Site check (use the Assessment Guidelines)
- ☐ Other _____

Install the following and send a copy of the invoice:

- ☐ Line leak detector on each pressurized line
- ☐ Spill prevention equipment
- ☐ Overfill prevention equipment
- ☐ Corrosion protection on _____
- ☐ Drop tubes in fill pipe
- ☐ New gauging stick
- ☐ Other _____

Start doing the following:

- | | |
|---|--|
| <input type="checkbox"/> Daily inventory measurements | <input type="checkbox"/> Measurements to 1/8" |
| <input type="checkbox"/> Leak check at end of month | <input type="checkbox"/> Water measurement |
| <input type="checkbox"/> Monthly test using ATG | <input type="checkbox"/> Monthly piping test (eld) |
| <input type="checkbox"/> Manual tank gauging | <input type="checkbox"/> Maintain rectifier log |

Other:

If you have questions about any of these items, call the UST compliance staff at 1-800-826-5435 (in SC), or 1-803-896-6240.